

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90106 038 ****61.25

DOCUMENT # 738828

1. Entity Name

PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

**305 NORTH DR
 ISLAMORADA FL 33036
 US**

**305 NORTH DR
 ISLAMORADA FL 33036-3123
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORTINA, ANGEL J
 305 NORTH DR
 ISLAMORADA FL 33036**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS RICHARD,	NAME	
STREET ADDRESS	109 SOUTH DR.	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNON	NAME	
STREET ADDRESS	112 SOUTH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CARL	NAME	
STREET ADDRESS	201 HARBOR DR.	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOHN, HOWARD	NAME	
STREET ADDRESS	309 NORTH DR	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, EDWARD	NAME	
STREET ADDRESS	313 NORTH DR	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTINA, ANGEL J	NAME	
STREET ADDRESS	305 NORTH DR	STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANGEL CORTINA, JR.

1/28/00 305 4436622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #